



Franchise Application Form

POSITION APPLIED FOR:

Store Franchise

NAME OF APPLICANT

Name: _____ NIB #: _____
 Last First Middle

Address: _____ P.O. Box # _____

Email Address: _____

Date of Birth: _____ Age: _____ Gender: _____

Telephone Contact: _____ (Home) _____ (Cell) _____ (Other) Passport #: _____

COMPANY INFORMATION

Business Name: _____ Type of Business: _____

Telephone Contact: _____ Business Hours: _____

Address: _____ Settlement/Island: _____

Do you have internet service at your establishment? Yes No

Are there any competitive panels or a web shop at your location? If yes give details concerning the distance.

Do you have existing equipment in your establishment that you can use to carry out daily sakes as a franchise? Yes No
 (If not we can provide equipment on a contractual agreement.)

Panel Deposit: \$ _____

CREDIT HISTORY

Have you ever had a panel in your establishment before? Yes No

If yes what was the reason that you discontinued business with the past Franchise.

A signed consent is required to conduct background checks with your previous Franchises. If applicable!

Applicant Signature _____ Date: _____

Policy

* Please note all applicants must be at least 18 years old.

* Please include the following copies with your application for processing:

- Copy of Passport
- Copy of NIB Card
- One Passport Photo
- Copy of Police Record
- Copy of Business License
- Copy of Lease or Deed
- Approval letter from Landlord (if leasing)